18. BURIAL

19. UNDERTAKER

(Address)

| ا دی | STATE OF MARYLAND— | CERTIFICATE OF DEATH 05832 |
|---|--|--|
| state UPA | 1. PLACE OF DEATH | |
| | County Calvert | Registration Dist. No. 5 |
| onlo | | No Calunt Coursely Horsel Ward |
| sho of C | Village of City () 1 (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| . 70 | Length of residence in city or town where death occurredyrsmos. | ds. How long in U. S. if of foreign birth?yrsmosds. |
| Every CIANS ement | 2. FULL NAME Cruest C. Box | ven |
| | (a) Residence: No. Baroton | St Ward. |
| IYS st | (Usual place of abode) | If nonresident give city or town and State |
| RECORD. PHYSI Exact stat | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| EX. EX | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| L'A | Multe Widowed | (Month) (Day) (Year) |
| He de | 5a. If married, widowed, or divorced | 22 LHEDERY CERTIEV That Lattended deceased from |
| IAD A C Issi | (OF) WIFE OF Mune M. Bowen | |
| SNO | 7.8 4 1819 | // |
| PE I E E E E E E E E E E E E E E E E E E | County. Village or City. Vil | (1) 900 |
| A ted | V 1 4 / V 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| IS sta | V S Trade sufficient on postinular | were as follows: |
| TO. | kind of work done, es SPINNER, Farmer SAWYER, BDDKKEEPER, etc. | Lohar Jumona 6/14/3 |
| Id Id | 9. Industry or business in which | |
| K-hou | SAW MILL, BANK, etc. Cur + aru | |
| F-4 | 11. Total time (years) this occupation (month and spant in this | |
| G CFI | year) occupation | Other Coutributory Causes of importance: |
| So so ctic | | |
| rAI led. ns, tru | | |
| NF ppli ern ins | 13. NAME Orneling Dowen | |
| n n | 14. BIRTHPLACE (city or town) | Neme of operation |
| WITH fully n plai | (State of country) | What test confirmed diagnosis? Was there an au'opsy? |
| W. W. In I | 15. MAIDEN NAME | 23. If death was due to external causes (VIDLENCE) fill in also the following: |
| X, | [16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| No Fa | (State or country) | (Specify city or town, county and State) |
| A S D T | 17. INFORMANT Myslith Sower | Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| H B Z H | (Address) (Mile Filderick | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of injury

If so, specify (Signed)

24. Was disease or injury in

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Perilonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA | ACE FOR FURTHER STATES | MENTS BY PHYSICIAN |
|---|------------------------|--------------------|
|---|------------------------|--------------------|

M

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
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| | | 1 | |
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| | | The second secon | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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should state item of inforOCCUPA.

1.

2.

3. SEX

ne

5a. If

6. DA

7. AG

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (city or town)

15. MAIDEN NAME

13. NAME

19. UNDERTAKER

20. FILED.

(Addrass)

(Steta or country)

(State or country)

(State or country)

| STATE OF MARYLAND | CERTIFICATE OF DEATH 05834 |
|---|--|
| PLACE OF DEATH | |
| County Colvert | Registration Dist. No. 5/ |
| Village or City M. Mederich | NoSt., Ward |
| Length of residence In city or town where deeth occurredyrs | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds. |
| FULL NAME John Thomas of | ant |
| (a) Residence: No. M. Med. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH 6 193 4 (Month) (Day) (Year) |
| merried, widowed, or divorced IUSBAND of or) WIFE of Malinda Jantt TE OF BIRTH (month, day, and year) Authors 1867 | (Month) (Day) (Year) 22. HEREBY CERTIFY. That I attended decaased from 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| Yaars Months Days If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| B. Trade, protassion, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc | Steat Black Stoles adams Sun Copy 1800 Complete Weast Black Juril 14 |
| SAW MILL, BANK, etc. | |

10. Dete decaased last worked at this occupetion (month and 11. Total time (yaars) spent in this occupation 14. BIRTHBLACE (city or town) Name of operation What test confirmed diagnosis? 23. If death was due to extarnel ceuses (VIOLENCE) fill in also tha following: 16. BIRTHPLACE (city or town) Accidant, suicide, or homicide? Whare did injury occur?___ (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Natura of injury If so, specify Registra If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| RUDEAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| | 3. 5a |
|--|--------------------|
| See instructions on back of certificate. | MOTHER FATHER 12 |
| o jo | NO |
| on back | OCCUPATION |
| ructions | 12 |
| instr | ER |
| See | FATE |
| very important. | MOTHER FATHER |
| ery in | 17 |
| - | 10 |

TION is

N. B.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 05835 |
|--|--|
| 1. PLACE OF DEATH | |
| County Calvert | Registration Dist. No. 50 |
| Village or City Dowell | NoSt, Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrs |
| | ds. How long In U.S. if of foreign birth?yrsds. |
| 2. FULL NAME I da leleste | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 1 HEREBY CERTIFY, That I attended deceased from |
| 5 DATE OF BIRTH (month day and year) here. 13-34 | Mast saw h.C.Y. alive on Mark 20 1934 death is said |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the date slated above, at 3.30 m. |
| 0 0 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Tembilical Sepsis 9,64 |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| 10. Date deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (city or town). Waryland (State or country) | Other Contributory Causes of importance: |
| # 13. NAME Thomas Gross | |
| 13. NAME Tronds Proposition 14. BIRTHPLACE (city or town) (State or country) (State or country) | Name of operation Date of |
| # 15. MAIDEN NAME Mary Estelle Curtis | What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Mary Estelle Curtis 16. BIRTHPLACE (city or town) (State or country) Waryland | Accident, suicide, or homicide? Date of Injury, 19 |
| 17. INFORMANT Walter Curtis (Address) Druce 9 . m.d. | Where distinjury occur? |
| 18. BURIAL, CREMATION, DR REMOVAL Place The Date 121 1934 | Manner of injury |
| 19. UNDERTAKER W. 4. Sewell (Address) (Prince Fillrich: Ma | Nature of injury |
| 20. FILED 1934 D. E. S. Posto. | (Signed) Salomons, M.D. (Address) Salomons, M.D. |

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| | | | | |
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| | | | | |
| | | | | |

| ADDITIONAL SPACE FO | R FURTHER | STATEMENTS | BY | PHYSICIAN |
|---------------------|-----------|------------|----|-----------|
|---------------------|-----------|------------|----|-----------|

BINDING

FOR

MARGIN RESERVED

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | |
| County Cafuet | Registration Dist. No. 52 |
| Village or City Lower Maillas | No. St. Ward |
| | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME Callie Howe | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite tha word) | 21. DATE OF DEATH (Month) (Day) (rear) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of We later Howe | 1 HEREBY CERTIFY. That I attanded decaased from |
| C DATE OF BIRTH (mostly day and was) 1 + 2 1825 | I last saw home alive on 22, 1934; death is said |
| 6. DATE OF BIRTH (month, day, and year) () 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 5 20 6 m. |
| 58 9 16 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SOUNCESTEE SAWYER, BOOKKEEPER, etc. | were as follows: Date of opent 6/1/3/ |
| 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Data deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of importance: |
| 13. NAME Briland Amsell | |
| 14. BIRTHPLACE (city or town) 14. (State or country) | Name of operation Date of |
| 15. MAIDEN NAME This about Angell | What test confirmed diagnosis? Was there an au'opsy? |
| 16. BIRTHPLACE (city or town) Jeff | 23. If death was due to external causas (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? |
| 17. THFORMANT Welster Howe | Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Christian Mid | |
| Place Jolen Chapel Date June 26: 1934 | Manner of injury |
| 19. UNDERTAKER Wilson Sewell (Address) Dures | 24. Was diseasa or injury in any way related to occupation of decaased? |
| 20. FILED June 23, 1934 m. B. Cox. | (Signed) July Ward M. D. (Address) Duny W.P. |
| Acgiria. | (Validation) |

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| WIREAL! | 1 | | |
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| | | | |
| | | | |

V. S. No. 1 ä

| STATE OF I | MARYLAND- | CERTIFICATE OF DEATH | 837 |
|--|---|--|-----------------|
| 1. PLACE OF DEATH | _ | (95°C) | |
| county Calver | T | Registration Dist. No. | / |
| Village or City Mutual |) | NoSt., | Ward |
| | | death occurred in a hospital or institution, give its NAME instead of street and nu | |
| Length of residence in city or town where death on 2. FULL NAME Eduster | eurred yrs. mos. | ds. How long in U.S. If of foreign birth?yrsmos | Os. |
| | - Junia | | |
| (a) Residence: No. | Jsual place of abode) | / St., Ward. If nonresident give city or town and S | late |
| PERSONAL AND STATISTICAL | PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SIN OR | GLE, MARRIED, WIDOWED, DIVORCED (write me word) | 21. DATE OF DEATH (Month) (Day) | 193 4 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | | 22, I HEREBY CERTIFY. That i attended do | eceased from |
| (or) WIFE of Many go | relevou | Inne 11 1934 to Free 11 | |
| 6. DATE OF BIRTH (month, day, and year) | . 221896 | Hast saw h (M alive on June 11 , 1934; | death is said |
| 7. AGE Years Months | Days If LESS than | to have occurred on the date stated above, at | |
| 39 | 2 0 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | 0 |
| 8. Trade, profession, or perticular | | 2 27 | Oate of onset |
| kind of work done, as SPINNER, FOR | ruer | Theat Lailine: | |
| kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, es SiLK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and | | Heart disease is meant, Cutor | |
| work was done, es SILK MILL, SAW MILL, BANK, etc. | 44 Tableta I Amile S | Patient dead on arrival . Unable to designa | te |
| | 11. Total time (yeers) spent in this occupation | lesion: | |
| year) | oc.upation | Other Coatributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) (State or country) | rd. | | |
| 1 1 1 | 3 cherry | | |
| Ξ (/ | 1 | Name of operation Date of | |
| 14. BIRTHPLACE (city or town) | id. | What test confirmed diagnosis? Was there an au | Honey? 40 |
| 15. MAIDEN NAME Way | Jackson | 23. If death was due to external causes (VIOLENCE) fill in also the following: | |
| 15. MAIDEN NAME May 16. BIRTHPLACE (city or town) | | Accident, suicide, or homicide? Date of injury | |
| (State or country) | ud. | Where did injury occur? | |
| 17. INFORMANT. Therein A | 'enudero | (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | CE. |
| 18. BURIAL, CREMATION, OR REMOVAL | 6/ | Manner of injury | |
| Place Sland Creek Date | 112 ,1934 | Nature of injury | |
| 1, ch. | + 10) | 24. Was disease or injury in any way related to occupation of deceased? | |
| 19. UNDERTAKER Date. See | L | If so, specify of you Flame | |
| 20. FILED 6/1/ 19.34 D | 1. Jund | (Signed) | м. р. |

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | D | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| Patrent | ADDITIONAL SPACE | FOR FURTHER | STATEMENTS BY | PHYSICIAN | Liver |
|-------------|------------------|-------------|---------------|-----------|-------|
| simpossible | 2 1 0 | . / | | | |
| | | | | 8 | |

| X | item of infor- should state of OCCUPA- | |
|------------|--|---------|
| • | RECORD. Every r. PHYSICIANS Exact statement | - |
| OR BINDING | S A PERMANENT RECORD. Every item of infortated EXACTLY. PHYSICIANS should state roperly classified. Exact statement of OCCUPA- | -4:C 4- |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 05838 |
|--|---|
| 1. PLACE OF PEATH | |
| County County | Registration Dist. No. 5 |
| Village or City Davis | NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| | death occurred in a hoppital of manufation, give its 14/4/VIE. instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Julius Janan | |
| (a) Residence: No. Daces, Mel. | St Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX Accolor or race OR DIVORCED (write the word) Warned | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of A SUG FANANCE FANANCE HUSBAND FANANCE HUSBAND HOWARD HOWAR | 22. I HEREBY CERTIFY, Thet attended deceased from |
| 0-11/2-63 | 4, 1954, to 19 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than | I last sew h alive on |
| 52 1 day,hrs. | to have occurred on the dete stated above, at |
| 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Coronary Ochusion 2/1935 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (march end | |
| 10. Date deceased last worked et this occupation (manth end yeer) 11. Total time (yeers) spent in this occupation (ccupation) | |
| 12. BIRTHPLACE (city or town) Calvus Je (Stete or country) W.G. | Other Contributory Causes of importence: |
| 13. NAME Victard Janan | |
| 13. NAME Cellard Garran 14. BIRTHPLACE (city or town) Calvert Co (State or country) | Name of operation |
| I 15. MAIDEN NAME Lissel Bools | 23. If death wes due to externel ceuses (VIOL ENCE) fill in elso the following: |
| 15. MAIDEN NAME Ligge Obools 16. BIRTHPLACE (city or town) Palment Co | Accident, sulcide, or homicide? Dete of injury, 19 |
| (Stete or country) md - | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT AUGU WAS | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMOVAN Plece Dete 6 1934 | Menner of injury |
| 19. UNDERTAKER Wy Sewell (Address) Dark had | 24. Was disease or injury in eny way related to occupation of deceesed? Ho |
| 20, FILED 6/4 , 19 3 4 2 M. Jel | (Signed) Jage Jell M. D. |
| Refistrar. | (Address) Fruit duelency |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | ii ii | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BentiAll V.S. | - (} | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

4. 2 "

| r RECORD. Every item of infor- | Y. PHYSICIANS should state | Exact statement of OCCUPA- | |
|--|--|--|--|
| IS IS A PERMANENT | e stated EXACTL | e properly classified. | f certificate. |
| -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |

| STATE OF MARYLAND | CERTIFICATE OF DEATH 05839 | |
|--|--|-----|
| 1. PLACE OF DEATH | (191) | |
| county Calvert | Registration Dist. No. 5 | |
| Village or City Mallwille | NoSt.,War death occurred in a hospital or institution, give its NAME instead of street and number) | rd |
| Length of residence in city or town where death occurredyrsmos. | ds. How long in U.S. if of foreign birth?yrsmosd | ds. |
| 2. FULL NAME David Majulings | | |
| (a) Residence: No. Wallville, Lug | St., Ward. | |
| (Usual place of abode) | If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH | |
| M Cot. married | (Month) (Day) (Year) | |
| 5a. If married, widowed, or divorced | 22. I HEREBY CERTIFY. That I attended deceased from | om |
| (01) WHETE Elizabeth Strong | Jul 13 1934, 10 June 13 1939 | |
| 6. DATE OF BIRTH (month, day, and year) Afril 8, 1888 | I last saw h alive on, 19; death is sa | aid |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at | |
| 46 2 5 1 day, hrs. or min. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | _ |
| la 9 Trada profession or particular | were as rollows: Date of ons | 10 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | arema ! | |
| 9. Industry or business in which work was done, as SILK MILL, | | |
| SAW MILL, BANK, etc. | 0. | |
| O 10. Date deceased last worked at this occupation (month and year) this occupation (month and occupation occu | | |
| year) Occupation | Other Contributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) | - A-f | |
| (State or country) | Ohrow helphine | |
| 13. NAME David Of aurting | J | |
| 13. NAME David Grawling 14. BIRTHPLACE (city or town) | Name of operation | |
| (State of Country) | What test confirmed diagnosis? | |
| 15. MAIDEN NAME Mayart Davy | 23. If death was due to external causes (VIOLENCE) fill in also the following: | |
| 15. MAIDEN NAME Magail Davy 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury, 19 | |
| (State or country) | Where did injury occur?(Specify city or town, county and State) | |
| 17. INFORMANT Colliand Cawrings (Address) Wallville, his | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury | |
| Place Date 7 1947 | Nature of injury | |
| 19. UNDERTAKER Spilson Mason | 24. Was disease or injury in eny way related to occupation of deceased? | |
| (Address) Prince freds | If so, specify | |
| 20 FILED 6/14 1934 I/M/Ema | (Signed) 1, y, France, M | D. |
| Registrar. | (Address) Truce Frederick, and | h |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | 1 | Example II | | |
|---|-------------------|--|---------------|--|
| The principal cause of death and related cause of importance were as follows: | ses Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | S July 5,1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN ' |
|------------|-------|-----|---------|------------|----|-------------|
| | | | | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | |
| County Calvert | Registration Dist. No. 51 |
| Village or City Produces Feland. | ND. St., Ward |
| Length of residence in city or town where death occurredyrs,mgs. | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Thomas Hart Les | well |
| (a) Residence: Np. Moones Islas | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX A. COLOR OR RACE OR DIVORCED (write the word) SEX OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or diversed HUSBAND of (or) WIFE of Bradburn | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) July 5, 1840 | Mast saw h alive on , 19 4 ; death is seid |
| 7. AGE Years Months Day's If LESS than I day,hrs. | to have occurred on the date stated above, at 2 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trede, profession, or perticular kind of work done, as SPINNER, Waterwayer SAWYER, BOOKKEEPER, etc. | and Johnson Date of Onsat |
| kind of work done, as SPINNER, Walerwale SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the spent in this country i | of foot tel 18x |
| 10. Date deceased last worked at this occupation (month and 1922 spent in this occupation wear) | |
| 12. BIRTHPLACE (city or town) Talball Causely (State or country) | Dther Contributory Causes of importance: |
| 13. NAME levicion Level | |
| 13. NAME LEWISCHELL SELVEN SEL | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? Wo |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? |
| 17. INFORMANT Jasses A Lusel Saland | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Date /2/ 1934 | Manner of injury |
| 19. UNDERTAKER J. J. Harkres & Son (Addiess) Walust, Md | 24. Was disease or injury In any way related to occupation of deceased? |
| 20. FILED 6/20 , 1934 D. M. They Registrar. | (Signed) A Self M. D. (Autress) Apringel Diedewel |
| If more blanks are needed, address State Registrar | 2427 N. Charles Street Baltimore Paguetten C. No. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I VED | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See instructions on back

CAUSE OF DEATH in plain terms, so that

TION is very important.

| 烈 | IS A PERMANENT RECORD. Every item of infor | stated EXACTLY. PHYSICIANS should stat | properly classified. Exact statement of OCCUPA | |
|-------------|--|--|--|--------------|
| |)RD. Ever | IYSICIAN | statemen | |
| • | VT RECC | LY. PH | . Exact | |
| FOR BINDING | ERMANE | EXACT | classified | ė, |
| FOR E | IS A PI | stated 1 | properly | certificate. |

. .

| STATE OF MARY | LAND- | CERTIFICATE (| OF DEA | TH , | 5541 |
|---|----------|--|---------------------|-----------------------|--------------|
| 1. PLACE OF DEATH | | (a) | | | |
| County Calvert | | | Registration I | Dist. No. 52 | <i>J.</i> |
| Village or City Prince Fredrice | /- | No 9 | +0 | C+ | Ward |
| Things of only | (If | death occurred in a horpital or institut | ion, give its NAME | instead of street and | l number) |
| Langth of residence in city or town where death occurred | _yrs,mos | ds. How long in U.S. if of | foraign birth? | yrs | mosds. |
| 2. FULL NAME Www Stalling | 10 | | | | |
| (a) Residence: No Ches. Beach Up | ha | St., Ward. | | | |
| (Usual place of a | bode) | : | If nonresident | give city or town an | d State |
| PERSONAL AND STATISTICAL PARTICU | JLARS | MEDICAL CE | ERTIFICATE | OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIE OR DIVORCED (7) | | 21. DATE OF DEATH | 6 | 3 | 193 4 |
| 5a. If marriad, widowed, or divorced | | | (Month) | (Day) | (Year) |
| | this | | 1924 , to 6 | /5 19.24 Mm. | Date olyneet |
| 12. BIRTHPLACE (city or town). A. C. (State or country) | | | | | |
| 14. BIRTHPLACE (city or town) ALA (State or country) | | Neme of operation | | Data of_ | |
| 15. MAIOEN NAME (a Shina Tyles 16. BIRTHPLACE (city or town) (State or country) | 2 | 23. If death was due to external cause Accident, suicide, or homicide? | ses (VIOLENCE) fill | in also the following | ng: |

Accident, suicide, or homicide?______ Date of Injury______ 19 Whare did injury occur?___

(Specify city or town, county and State)
Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury In any way ralated to occupation of dacaased?

If so, specify

V. S. No. 1

(Address) 18. BURIAL, CREMATION, OR

(Addrass)

19. UNOERTAKER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC | ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIA: |
|---|------------|-------|-----|---------|------------|----|-----------|
|---|------------|-------|-----|---------|------------|----|-----------|

| A | F MARYLAND— | CERTIFICATE OF DEATH |
|--|--|--|
| 1. PLACE OF DEATH County Casher | 4 | - 7 |
| Village or City Dans | tow | Registration Dist. No/ |
| Length of residence in city or town where | | f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmos |
| (a) Residence: No. Dars | tow strong | St., Ward. |
| DEDCOMAL AND STATIST | (Usual place of abode) | If nonresident give city or town and State * MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writing the word) | 21. DATE OF DEATH |
| 5a/If married, widowed, or divorced HUSBAND of | myle | (Month) (Day) (Yest) 22. I HEREBY CERTIFY. Thet I attended deceased from |
| (or) WIFE of | Det. 19.1933 | , 19, to |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months | Days If LESS than I day,hrs. ormin. | to have occurred on the Release Party and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | 11. Total time (years) spent in this occupation | Had menale But The Date of one |
| 12. BIRTHPLACE (city or town) (State or country) | C DAWS | Other Contributory Causes of importance: |
| 13. NAME 11. BIRTHPLACE (city or town) (State or country) | rd . | Name of operation Date of Date of What test confirmed diegnosis? Was there an eutopsy? |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) | Strout | 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL | Dete 26,19 B4 | Manner of injury |
| 19. UNDERTAKER Anny 14 (Address) Try /s/ | ment of the second | 24. Wes diseese or Injury in eny wey releted to occupation of deceesed? |
| 20. FILED 24, 19/34 & | 27 12 Registrar. | (Signed) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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